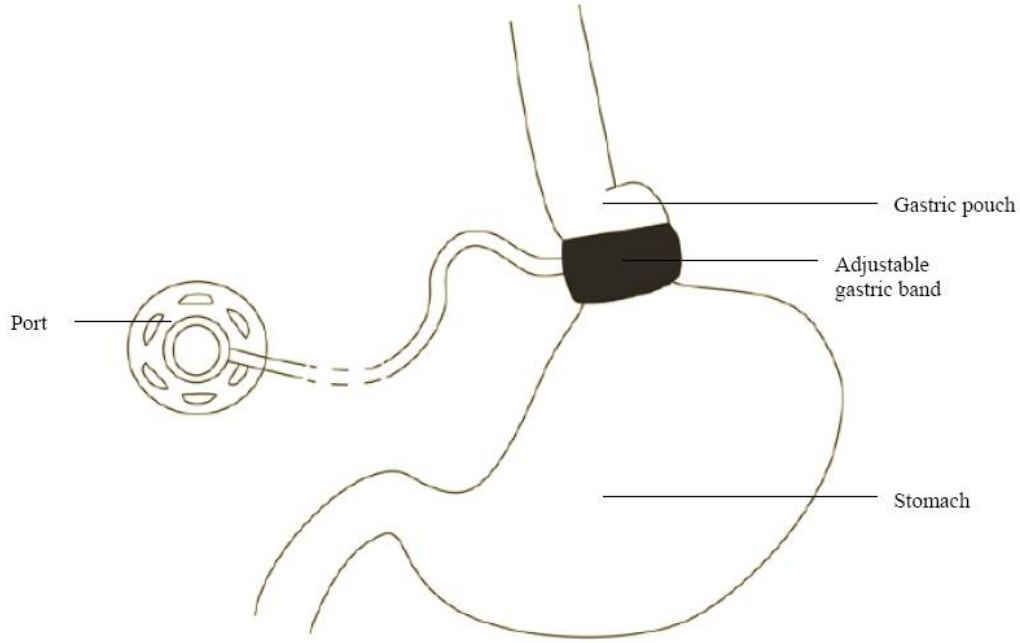
Laparoscopic adjustable gastric banding



What should I be doing after my operation?
It is important to mobilise to reduce the risk of blood clots. The nurses will help you sit out of bed after your operation. You should be walking around on the first day after your operation

What can I eat and drink after my operation?
You can drink clear fluids on the evening of your operation. On the first day you can start a liquid diet. You should stay on a liquid diet for 4 weeks.

What medication do I need after my operation?
Some medications may be able to be stopped, such as tablets for blood pressure and diabetes. Your doctors will advise you about this.

When can I go home?
Most patients stay in hospital 1 night after this operation.

What happens after I go home?
Your surgeon will see you in clinic in 6 weeks. The dietitians will also see you regularly in their clinic. If you were taking tablets for blood pressure or diabetes before your surgery you should arrange to see your own doctor in 1-2 weeks to see if these are still needed.

Who can I contact if I have any questions or problems after I go home?
Helen Simpson: 0113 206 8872 (for any general queries)
Mary O'Kane: 0113 392 3256 (for any dietary queries)
Medicines information hotline: 0113 206 4376 (advice about any medication changes)

Clinical care pathway for patients undergoing GASTRIC BAND surgery
Expected discharge: Day 1

		Day 0 (day of surgery)	Day 1
INTAKE	**Oral intake**	Clear fluids	Liquid diet
	Dietician input	Check patient has received dietary information pre-admission. If not, request dietetic review on ward.	
MEDS	**Antibiotics**	Nil post-op	
	VTE Prophylaxis	Start evening of surgery. Tinzaparin 50units/kg. If eGFR<20 use Enoxaparin 40mg (100-149kg) or enoxaparin 60mg (>150kg). Will need 28days prophylaxis (see discharge section below)	
	Analgesia	Paracetamol & codeine in liquid/dispersible form. PRN morphine sulphate liquid. Avoid PCAS	
	Insulin/hypoglycaemics	Stop oral hypoglycaemics. Monitor capillary blood glucose. If required, restart insulin at half patient's usual dose.	
	Regular medications	Stop antihypertensives. All medication should be changed to a liquid or dispersible form. Liaise with ward pharmacist if changing preparations, especially for antidepressants and anti-epileptics	
TESTS	**Gastrograffin swallow**	Not routine. Check op-note and book if specifically requested	
	Blood tests		Not required
TUBES	**Nasogastric tube / drain**	Not routinely used. Check op-note or with operating surgeon if a drain or NG tube is present.	
MOBILITY	**Mobilisation**	Aim to be out of bed on evening of operation	Encourage mobilising and walking and physio review
DISCHARGE ADVICE	**Medication**	Continue weight-adjusted Tinzaparin (total 28 days) Forceval soluble 1 daily (4 weeks)	Dispersible paracetamol and codeine (1 week)
	Advice to patient	Liquid diet 4 weeks. See GP in 10 days to check blood sugar and blood pressure. Dietary supplements should continue lifelong.	
	Surgical follow-up	Book 6 weeks surgical clinic	
	GP advice	• Please check patient's capillary blood glucose and BP at 10 days and review need for anti-hypertensive and diabetic medications • Please change nutritional supplements at 4 weeks to Forceval tablet 1 daily. This should continue lifelong.	
FOLLOW-UP	**Surgical outpatients**	6 weekly for first 6 months. Then 9, 12, 18 and 24 months.	
	Dietitian outpatients	6 weekly in first year, less frequent in 2nd year	
	Monitoring bloods	NB. Monitoring of bloods remains the responsibility of the hospital whilst under active follow-up (usually first 2 years) **Annually:** FBC, U&E, LFT	